

The parliamentary scene

Medical responsibilities in the Third World

How far-ranging should be the ethical concerns of doctors? Might we possibly be too introspective and insular, concentrating on issues that seem important in our own compact society in Britain while ignoring global priorities? Probably the greatest medicosocial problem facing the world is the continuing gap between living standards between the affluent nations of Western Europe and the American continent and the developing countries. The medical aspects of this division into haves and have-nots were discussed in an adjournment debate in the House of Commons shortly before Easter.

Mr Robert Rhodes James told members that the World Health Organisation's most glittering achievement was the elimination of smallpox – and what had been done with smallpox could be done with measles, poliomyelitis, and tropical diseases such as bilharzia. All these diseases were preventable if the political will existed among the Governments of the world.

Other speakers raised the familiar bogey of the sale of powdered milk in developing countries. 'An undernourished mother, extremely tired, doing a hard physical job in high temperatures, inevitably finds it difficult to feed her baby' said Mrs Gwyneth Dunwoody, the Opposition spokeswoman on health. 'She will therefore look for means to supplement the food. I do not necessarily agree that multinationals are deliberately seeking to dissuade mothers from breast feeding'. Mr Rhodes James pointed out that, in fact, the villain of the piece, was not the multinational companies, not the powdered milk, but polluted water. The real issue lay in the basic poverty, pollution, and corruption of the environment in which so many people lived, of which polluted and corrupted water was the most serious problem of all.

Sir George Young, the Under Secretary for Health and Social Security, said the Government was supporting a code of conduct on the sale and promotion of baby milk which would be discussed at the forthcoming meeting of the World Health Organisation.

The World Health Organisation has, indeed, a detailed strategy to deal with the health problems of the developing world: an expanded programme of immunisation is planned against polio and other infections, including the development of the necessary 'cold chains' to provide refrigeration of vaccines all the way from the manufacturers to the

villages where immunisation is needed. The World Health Organisation is also giving high priority to the provision of adequate supplies of pure water for every community in every country.

Where, however, is the money to come from for these essential programmes? The Brandt report – which recently gave prominence to the gap between the West and the developing world – pointed to one obvious source. As Mr Bob Cryer told the House, the report spoke very plainly of the prospects that might open up 'if only part of the unproductive arms spending were turned to productive expenditure on development'. The report gave several specific examples. The military expenditure of only half a day would be enough to finance the whole WHO campaign to eradicate malaria and less would be needed to conquer oncocerciasis. The price of one jet fighter (\$20 million) could set up about 40,000 village pharmacies. Mr Cryer urged MPs to support the suggestion in the Brandt report for an international tax on military expenditure, which could be used to finance aid to developing countries.

Mr John Farr spoke of the importance of family planning programmes in any worldwide strategy for reducing poverty and starvation. Unless the number of extra mouths born every day were reduced, he said, agriculturalists would not be able to cope by growing increased amounts of food.

Mrs Dunwoody reminded MPs of the contribution that had been made by the London School of Hygiene and Tropical Medicine, where students were now very concerned about the effect of Government policy on fees for overseas students. They feared that the school might have to close or seriously curtail its activities. 'If a nation with the standard of health care enjoyed by Britain does not offer assistance in training doctors from overseas it is behaving disastrously' she said. 'We are not even behaving in a normal, civilised Christian manner'.

Sir George Young was less certain about Britain's obligations – it was difficult enough to 'keep the show on the road' in this country without assuming responsibility for health in other nations.

This is, indeed, the kernel of the problem – how far should doctors and other caring individuals look in defining their ethical and moral responsibilities? Is the world a single community, as the Brandt report argued so cogently? Those who follow a more insular, isolationist philosophy may be proved disastrously mistaken within the next twenty years.

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